



PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Christopher J. O'Donnell et al.

Examiner: Brenda L. Coleman

Serial No: 10/068,692

Art Unit: 1624

Filed: February 6, 2002

Docket: 17433 (PC11080A)

For: PHARMACEUTICAL COMPOSITIONS
FOR THE TREATMENT OF CNS AND
OTHER DISORDERS

Dated: April 23, 2004

Confirmation No.: 9227

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT UNDER 37 C.F.R. §1.111

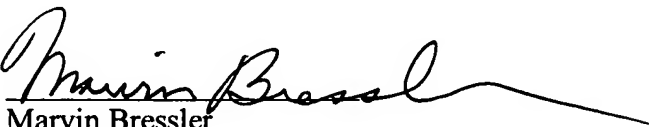
Sir:

In response to the Official Action dated January 23, 2004, please amend the
above-identified application as follows:

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)


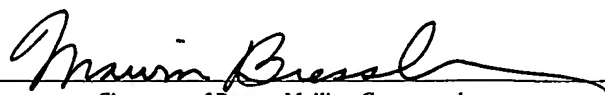
I hereby certify that this correspondence is being deposited with the United States
Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O.
Box 1450 Alexandria, Virginia 22313-1450, on April 23, 2004.

Dated: April 23, 2004


Marvin Bressler

Enage

1624

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 17433(PC11080A)	
Applicant(s): Christopher J. O'Donnell et al.					
Serial No. 10/068,692	Filing Date February 6, 2002	Examiner B. Coleman	Group Art Unit 1624		
Invention: PHARMAECUTICAL COMPOSITIONS FOR THE TREATMENT OF CNS AND OTHER DISORDERS					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013</div> <div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div> <div><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div>					
<div> Signature</div> <div>Marvin Bressler Registration No. 25,132 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, New York 11530 516-742-4343</div>			<div>Dated: April 23, 2004</div> <div> Signature of Person Mailing Correspondence</div> <div>Marvin Bressler Typed or Printed Name of Person Mailing Correspondence</div>		
CC:					